



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ogawa	Robert	T.	808-521-4265
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Ste. 3105			808-545-8369
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Medco Health Solutions, Inc.		719-487-3009
MAILING ADDRESS (Street)		FAX
19520 Yellow Wing Court		719-481-8093
(City)	(State)	(Zip Code)
Colorado Springs	CO	80908
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Allison Witt, Kegler, Brown, Hill, Ritter		614-462-5447
MAILING ADDRESS (Street)		FAX
65 E. State Street #1800		614-464-2634
(City)	(State)	(Zip Code)
Columbus	OH	43215-4294

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Robert J. Ogden 11/15/07
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Peter Hartly</u>		<u>V.P., State Gov't Affairs</u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>Medco Health Solutions, Inc.</u>		<u>719-487-3009</u>	
MAILING ADDRESS (Street)		FAX	
<u>19520 Yellow Wing Court</u>		<u>719-481-8093</u>	
(City)	(State)	(Zip Code)	
<u>Colorado Springs</u>	<u>CO</u>	<u>80908</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u><i>Peter F. Hartly</i></u>		<u>11/12/2007</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	